GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:965
ANSWERED ON:21.07.2017
Pilot Project for Malaria Eradication
Adhikari Shri Sisir Kumar;Kaswan Shri Rahul

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken any steps with World Health Organisation (WHO) to eradicate malaria;

(b) if so, whether any pilot test has been done thereof;

(c) if so, the details of trial reports and the results therein;

(d) whether WHO will undertake any such pilot project in other countries on malaria vaccine; and

(e) if so, the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a) to (c): In consonance with Global Technical Strategy (GTS) of World Health Organization (WHO), the National Framework for Malaria Elimination (NFME), 2016-2030 in India was launched by Union Health & Family Welfare Minister in February 2016 to eliminate malaria in a phased manner by 2027 and to sustain thereafter till 2030 and beyond.
World Health Organization has emphasized on transforming surveillance into a core intervention in the Global Technical Strategy for malaria 2016-2030.
The Govt. of India has accordingly advised the States for the following :
â€¢ Malaria to be made a notifiable disease and all cases from private and other formal and non-Govt. sectors to be reported.
â€¢ All States/UTs and their respective districts have to reduce Annual Parasite Incidence (API) to less than 1 case per 1000 population at risk and sustain zero deaths due to malaria while maintaining fully functional malaria surveillance to track, investigate and respond to each case throughout the country.
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â€¢ Strengthening of routine surveillance for reducing malaria transmission in high transmission areas, and establishing case-based surveillance as a core intervention for elimination areas.
â€¢ Although guidelines and policies are in place, active surveillance for malaria is not being undertaken effectively because of non-filling of vacancies for last many years by the States especially Multi-Purpose Health Workers, responsible for active surveillance.
â€¢ Passive surveillance being done by all health facilities upto sub-centre level has been extended upto the community level through Accredited Social Health Activists (ASHAs)/Community Health Volunteers.
â€¢ Sentinel Surveillance for malaria for management of severe cases and preventing deaths has been strengthened by identifying more sentinel sites and to make all of them functional. Presently 419 sentinel sites have been identified and made functional.
â€¢ Considering the malaria elimination target, electronic up-gradation of surveillance system explored for faster communication, early detection of cases and rapid response.
(d) & (e): Presently, no vaccine for prevention of Malaria for Public health use or commercially is available. RTS,S/AS01 is the most advanced vaccine against the most deadly form of human malaria, P. falciparum.

It is the first malaria vaccine to complete pivotal Phase 3 testing and obtain a positive scientific opinion from a stringent medicines regulatory authority.

It is being considered as a complementary malaria control tool in Africa that could potentially be added to and not replace the core package of proven malaria preventive, diagnostic and treatment interventions.

As per information received from WHO country office, the joint review and advice from Malaria Policy Advisory Committee Meeting (MPAC)and the Strategic Advisory Group of Experts on Immunization (SAGE) in October 2015, WHO recommends pilot implementation of the RTS,S vaccine in distinct settings in sub-Saharan Africa in order to generate the evidence necessary for an updated WHO policy recommendation on the use of the vaccine in children in sub-Saharan Africa.

The World Health Organization Regional Office for Africa (WHO/AFRO) announced on April 24, 2017, that Ghana, Kenya, and Malawi will partner with WHO in the Malaria Vaccine Implementation Programme (MVIP) that will make the RTS,S vaccine available in

selected areas of the three countries, beginning in 2018.
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